



**North Carolina Department of Health and Human Services  
Division of Health Service Regulation**

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

**SECOND NOTICE**

August 2, 2016

CONSTRUCTION SECTION

SEP 09 2016

RECEIVED

Ann Marie Cassella  
P O Box 10215  
Raleigh, NC 27605

RE: Lynn's Home At Riverside - FC Biennial Survey  
5614 Apalachicola Circle  
Raleigh Wake County  
FID #120019 Fcl092174

*4 pg response  
Kamille*

Dear Ms. Cassella:

The Division of Health Service Regulation (DHSR) - Construction Section conducted a Biennial Survey of your facility on January 15, 2016. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by April 12, 2016.

On July 1, 2016, Mr. Rick Benton, a DHSR-Construction Surveyor, spoke with you regarding the Plan of Correction that has not been returned to DHSR-Construction Section.

Enclosed is a copy of the Statement of Deficiencies. You will need to type or print clearly your correction action and then SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by August 17, 2016. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

Construction Section  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)  
Tel 919-855-3893 • Fax 919-733-6592  
Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603  
Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705  
An Equal Opportunity / Affirmative Action Employer

Your Plan of Correction can be:

Mail to: DHSR Construction Section  
2705 Mail Service Center  
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Sincerely,

*Anthony Brinson*

Anthony Brinson  
Biennial Residential Team Leader  
DHSR - Construction Section

cc: DHSR - Adult Care Licensure Section  
City Building Inspection Department  
Wake County DSS

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL092174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LYNN'S HOME AT RIVERSIDE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5614 APALACHICULA CIRCLE RALEIGH, NC 27616</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report by Rick Benton  DHSR Construction Section conducted a Biennial Survey on January 15, 2016 from 12:30pm to 2:00pm at the above referenced facility. DHSR records indicate the home was first licensed on 04/26/2012 as a Family Care Home for six (6) ambulatory Clients (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2009 Edition of the North Carolina State Building Code - Section 421.2 - Residential Care Homes.  At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1) During the survey of the laundry area, the following deficiency was observed: a) There was an open outlet on the right side wall next to the washer. Contact a qualified technician to make the necessary repairs and installations. Provide to	C 174	OUTLET WAS REPAIRED By LARRY BENTON CONSTRUCTION PHONE # 919 255-0155	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

9-8-16

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Division of Health Service Regulation

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C 174	Continued From page 1  our office all supporting documents that will verify the completed work.  2) During the survey of the water heater closet, the following deficiency was observed: a) There were several penetrations on the upper and middle sections of the wall. Contact a qualified technician to make the necessary repairs and installations. Provide to our office all supporting documents that will verify the completed work.	C 174	<b>PENETRATIONS WERE CORRECTED BY WRAY BENTON CONSTRUCTION # 919 255.0155</b>		